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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTIÓI STATEMENT OF DEFICIENCIES (X1) PROMDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER: 01 - MAIN BUILDING 01 A BUILDING B. WING 11/14/2010 445421 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **508 MOSE DRIVE** LIFE CARE CENTER OF SPARTA **SPARTA, TN 38583** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EAGH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY** Life Care Center of Sparta is committed to K 054 NFPA 101 LIFE SAFETY CODE STANDARD K 054 upholding the highest standards of care for its SS=E residents. This includes substantial All required smoke detectors, including those compliance with all applicable standards and activating door hold-open devices, are approved, regulatory requirements. The facility maintained, inspected and tested in accordance respectfully works in cooperation with the with the manufacturer's specifications. 9.6.1.3 State of Tennessee Department of Health toward the best interest of those who require the services we provide. This STANDARD is not met as evidenced by: While this Plan of Correction is not to be Based on observation it was determined the considered an admission of validity of any facility failed to maintain the smoke detectors. findings, it is submitted in good faith as a required response to the survey conducted The findings include: November 14-16, 2010. This Plan of Correction is the facility's allegation of Observation of the work room and the social substantial compliance with Federal and State service office on 11/14/10 at 9:30 AM, revealed requirements. the smoke detectors were installed with-in 3 ft of the air diffusers. National Fire Protection K 054 Association (NFPA), 72, 2-3.5.1 Smoke detectors in Social Service office and 11/14/2010 workroom were moved and placed in These findings were acknowledged by the appropriate position three feet from air administrator and verified by the Director of diffuser by Maintenance staff. Maintenance at the exit conference on 11/14/10. NEPA 101 LIFE SAFETY CODE STANDARD K 082 An inspection of other smoke detectors K 062 12/10/2010 throughout the facility was conducted and \$\$=D Required automatic sprinkler systems are necessary changes made to ensure 3 feet of continuously maintained in reliable operating clearance between the detectors and air diffusers by the Maintenance department. condition and are inspected and tested Other smoke detectors were found to be in periodically. 19.7.6, 4,6.12, NFPA 13, NFPA compliance. 25, 9.7.5 All work related to fire suppression and alarm system will be inspected by Maintenance Director to ensure compliance is maintained. This STANDARD is not met as evidenced by: Maintenance Director will inspect smoke Based on observation it was determined the detectors quarterly to maintain compliance facility failed to maintain the sprinkler system. until 3 continuous quarters of 100%

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

compliance and report any discrepancies to

Performance Improvement Committee,

(X6) DATE

Any deficiency statement ending with an asterisk (") denotes a deficiency which the institution may be excused from correcting providing it is determined that

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

The findings include:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1''	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
WIRT TON OL OFFICE HON		AAEADA	A. BUILDING 01 - MAIN BUILDING 01  B. WING		11/14/2010	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
	RE CENTER OF SPA	RTA	50	98 MOSE DRIVE PARTA, TN 38583		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 062	Continued From page 1		K 062	K054 (Con't)		ļ
K 141 SS=D	Observation of the Orchard janitor's closet on 11/14/10 at 9:40 AM, revealed boxes stored with-in the 18-inch rule of the sprinkler head. National Fire Protection Association (NFPA) 13, 5,5.6  This finding was acknowledged by the Administrator and verified by the Director of			consisting of Interdisciplinary Tea further recommendations if needed		
				K 062	 	]
				Boxes in Orchid janitor's closet we removed from within the 18-inch re sprinkler head.	tor's closet were the 18-inch rule of the	
	maintenance at the	naintenance at the exit conference on 11/14/10. IFPA 101 LIFE SAFETY CODE STANDARD		An inspection of other janitor's clo throughout the facility was conduc- ensure items in the closets were in	ted to	
	Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.  This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the no smoking signs.			compliance of the 18-inch rule of the sprinkler heads by the Housekeepi department. Other closets were for compliance.	ng	:
				Housekeeping staff was in-service storage requirements by the Environ Services Director. A red visual repainted on the wall 18 inches beloweremind staff not to store anything inches of sprinkler head.	onmental ninder was w ceiling to	12/10/2010
	The findings include:			Director of Environmental Service inspect the janitor's closets month	es will Iv to	
	11/14/10 at 10:10 the room and no i	of the Magnolia charting room on 10:10 AM, revealed oxygen stored in d no precautionary sign posted. Protection Association 99, 8.6.4.2		determine proper storage of conta continuous months of 100% comp report any discrepancies to Perfor Improvement Committee, consist	iners until 3 bliance and mance ing of	
	This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/14/10.			Interdisciplinary Team, for furthe recommendations if needed.  K 141		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD		K 147	A "No Smoking Oxygen in Use" sign was placed on the doorframe Magnolia charting room.	magnetic to the	11/14/2010
				An inspection of other rooms thre facility was conducted to ensure oxygen in use were identified wit magnetic sign on the doorframe.	rooms wun th a	
				were found to be in compliance		eat Page 2 of 3

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RS FOR MEDICARE	& MEDICAID SERVICES					<u> </u>
OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				) COMPLE	
445421		8. WING			11/14/2010	
ROVIDER OR SUPPLIER RE CENTER OF SPA	RTA		50	18 MOSE DRIVE		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		POEELY FACH CORRECTIVE ACTION		OULD BE	(X5) COMPLETION DATE	
Continued From page 2 Based on observation it was determined the facility failed to maintain the electrical system.  The findings include:  Observation of the Orchard med room and the Magnolia charting room on 11/14/10 at 9:55 AM, revealed the electrical panels were blocked with equipment. National Fire Protection Association (NFPA) 70, 110-26(a)  These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/14/10.		к	147	Permanent "No Smoking Oxygen in Use" signs were placed by the Magnolia charting room door as well as all facility resident rooms with permanent piped wall oxygen. (Rooms 300-309)  Maintenance Director will inspect room with oxygen in use for appropriate warning signs monthly until 3 continuous months of 100% compliance and report any discrepancies to Performance Improvement Committee, consisting of Interdisciplinary Team, for further recommendations if needed.  K 147  The equipment was removed from in front of the electrical panels to provide clear unobstructed access to the electrical panels in		12/10/2010
				Magnolia charting room. Nursing associates, consisting of & CNAs, were in-serviced on the of keeping the area in front of the panels clear by the Staff Develo Coordinator. A yellow and black reminder was taped to the floor associates not to block access to panels by the Maintenance Deparameter of the facility was considered in the facility	FRNs, LPNs, e importance e electric pment to visual to remind the electric artment. I panels ducted to car of e staff. Other pliance, ect area in until 3 mpliance and ormance sting of	12/10/2010
	Continued From particular facility failed to ma revealed the electron of the Administrator and Administrator and Properticular facility failed to ma revealed the electron of the Administrator and Properticular facility failed to ma facility f	ROVIDER OR SUPPLIER  RE CENTER OF SPARTA  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  Based on observation it was determined the facility failed to maintain the electrical system.  The findings include:  Observation of the Orchard med room and the Magnolia charting room on 11/14/10 at 9:55 AM, revealed the electrical panels were blocked with equipment. National Fire Protection Association (NFPA) 70, 110-26(a)  These findings were acknowledged by the Administrator and verified by the Director of	OF DEFICIENCIES F CORRECTION  (X1) PROVIDER/SUPPLIERICLIA IDENTIFICATION NUMBER:  445421  ROVIDER OR SUPPLIER  RECENTER OF SPARTA  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  Based on observation it was determined the facility failed to maintain the electrical system.  The findings include:  Observation of the Orchard med room and the Magnolia charting room on 11/14/10 at 9:55 AM, revealed the electrical panels were blocked with equipment. National Fire Protection Association (NFPA) 70, 110-26(a)  These findings were acknowledged by the Administrator and verified by the Director of	OF DEFICIENCIES F CORRECTION  (X1) PROVIDER/SUPPLIER(CLIA IDENTIFICATION NUMBER:  445421  ROVIDER OR SUPPLIER  STR.  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  Based on observation it was determined the facility failed to maintain the electrical system.  The findings include:  Observation of the Orchard med room and the Magnolia charting room on 11/14/10 at 9:55 AM, revealed the electrical panels were blocked with equipment. National Fire Protection Association (NFPA) 70, 110-26(a)  These findings were acknowledged by the Administrator and verified by the Director of	DE OBSICIENCIES F CORRECTION  (X1) PROVIDER SUPPLIER A 545421  RECENTER OF SPARTA  REC	The findings include:  Observation of the Orchard med room and the Magnolia charting room on 11/14/10 at 9:55 AM, revealed the electrical panels were blocked with equipment. National Fire Protection Association (NFPA) 70, 110-25(a)  These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/14/10.  The equipment was removed from in front of the electrical panels in Cordinator. A yellow and black visual reminder was taped to the floor to remind associates, consisting of medical panels were clear of observation of the electrical panels were occurred to the electrical panels in the occurred of the electrical panels were consisting of interdisciplinary 1 earn, for further recommendations if needed.  K 147  The sequipment was removed from in front of the electrical panels in the Orchard region of the electrical panels in the Orchard region of the electrical panels in the Orchard region of the electrical panels were consisting of interdisciplinary 1 earn, for further recommendations if needed.  K 147  The equipment was removed from in front of the electrical panels in the Orchita region of the Electrical panels in the Orchard region of Orchard regi